



Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

Hospital Inpatient Quality Reporting (IQR) Program Requirements for the FY 2027 Payment Determination Presentation Transcript

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Donna Bullock: Good afternoon. Welcome to the Hospital Inpatient Quality Reporting Program Requirements for the Fiscal Year 2027 payment determination webinar.

My name is Donna Bullock, and I am with the Inpatient and Outpatient Healthcare Quality Systems Development and Program Support team. I will be hosting and speaking on today's event.

Along with myself, today's speakers also include Alexandra Arndt, /Project Manager also with the Inpatient and Outpatient Healthcare Quality Systems Development and Program Support team.

As you are listening to the webinar, we encourage you to email questions related to the webinar to the email address noted on the slide: webinarquestions@hsag.com. Please make sure to include the title of the webinar and slide number as well.

If you have additional questions not related to the webinar, we ask that you submit them directly to the Quality Question and Answer Tool. You can use the link on this slide.

This event will provide insight into the Fiscal Year 2027 Hospital Inpatient Quality Reporting Program requirements as well as a review of the Fiscal Year 2027 Hospital Inpatient Quality Reporting Program and Medicare Promoting Interoperability Program areas of alignment.

At the conclusion of today's event, participants will be able to identify the quarterly and annual requirements for the Hospital Inpatient Quality Reporting program, they'll be familiar with the areas of alignment between the Inpatient quality reporting and Medicare promoting interoperability program requirements and be able to locate resources that are available for both the Hospital Inpatient Quality Reporting and Medicare Promoting Interoperability programs.

Here is just a list of the acronyms that we will use throughout the presentation.

In the first part of today's presentation, I will be covering the quarterly Inpatient Quality Reporting Program Requirements for Fiscal Year 2027.

So, let us start the review of the IQR program requirements with our first polling question. Which of the following Hospital IQR Program requirements are submitted on a quarterly basis?

- A. Clinical process of care measure
- B. Aggregate population and sampling

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C. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey data

D. All of the above

The answer is D – the clinical process of care measure, the HCAHPS survey measures and the aggregate population and sampling data is required on a quarterly basis.

We will begin by going over the quarterly requirements. On a quarterly basis, IQR eligible hospitals are required to submit their Hospital Consumer Assessment of Healthcare Providers and Systems or HCAHPS survey data, their aggregate population and sampling counts for the chart-abstracted measure sets or measures, the clinical process of care measures which is the chart-abstracted measures, and the Healthcare Personnel COVID-19 Vaccination measure. Additionally, those that are selected for validation, will need to submit their medical records. We will go through each of these requirements in a little bit more detail in the upcoming slides.

Hospitals must submit aggregate population and sample size counts for Medicare and non-Medicare discharges for the chart-abstracted measures only. This would include the counts for only the severe sepsis and septic shock initial patient populations. The aggregate counts can be submitted either by accessing the Population and sampling data entry form within the Hospital Quality Reporting Secure Portal or by uploading an extensible markup language or XML file within the HQR system.

Hospitals are required to submit the aggregate population and sample size counts even if the population is zero. Leaving the field blank does not fulfill the requirement. A zero must be submitted even when there are no discharges for a particular measure set.

There is one chart-abstracted clinical process of care measure that will be required for the Inpatient Quality Reporting Program for Fiscal Year 2027, beginning with January 1, 2025, discharges. Hospitals must chart-abstract and submit complete patient level data for the SEP-1 measure. The measure specifications and abstraction guidelines can be found within the Specifications Manual for National Hospital Inpatient Quality Measures located on the QualityNet website. And please note that for Fiscal Year 2027 there is only one applicable specification manuals; version 5.17a, which covers January 1 through December 31, 2025, discharges. The patient level data for these measures are submitted via an XML file through the Hospital Quality Reporting Secure Portal.

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Although not a quarterly requirement, I would just like to take a few moments and address the Influenza Vaccination Coverage Among Healthcare Personnel measure. Hospitals must collect and submit annually to the Centers for Disease Control and Prevention through NHSN, the HCP Influenza Vaccination Coverage Among Healthcare Personnel measure. The submission period corresponds to the typical flu season, which is October 1 through March 31, and data for this measure are due annually by May of each year. So, for Fiscal Year 2027, which would be the flu season from fourth quarter 2024 through first quarter 2025, the data will need to be entered by May 15, 2025.

As per the Fiscal Year 2022 IPPS final rule, hospitals or facilities collect the numerator and denominator for at least one self-selected week during each month of the reporting quarter and enter that data into the NHSN Healthcare Personnel Safety Component before the quarterly deadline.

In the FY 2026 IPPS/LTCH PPS proposed rule, CMS is proposing to remove this measure from the Hospital IQR Program effective for CY 2024/FY 2026.

We would still encourage you to submit your data early, prior to the submission deadline, to allow ample time to correct any errors that have been identified. Any data modified in NHSN after the CMS submission deadline will not be sent to CMS and will not be used in any of the CMS programs.

The Centers for Medicare and Medicaid Services or CMS uses a variety of data sources to determine the quality of care that Medicare beneficiaries receive. For the quality-of-care claims-based measures, CMS uses Medicare enrollment data and Part A and Part B claims data submitted by hospitals for Medicare fee-for-service patients. No additional hospital data submission is required to calculate the measure rates. Each measure set is calculated using a separate, distinct methodology and, in some cases, separate discharge periods. This slide shows the claim-based measures that will be collected for the IQR Program

Hospital-Specific Reports or HSRs for the claims-based measures are now available for hospitals within the HQR Secure Portal. The Hospital-Specific Reports contain discharge-level data, hospital-specific results, and state and national results for the Hospital IQR Program.

This slide just outlines the quarterly reporting periods and submission deadlines for the Fiscal Year 2027 data.

For Fiscal Year 2027 payment determinations, CMS will use Q1 through Q4 of Calendar Year 2024 for data validation efforts affecting.

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Just briefly I would just like to point out a couple of the common issues that we see as to why a hospital may not be able to submit data or meet one or more of their IQR requirements. One of the most common issues is staffing turnover. If at all feasible, it is very important and highly recommended that you have at least two personnel that can abstract and submit data to CMS. Another common issue is vendor related issues. It is important to remember here that even though a hospital may be having a vendor submit data upon their behalf, it is ultimately the hospital's responsibility to ensure that they are meeting the IQR requirements.

As it is our goal to have all hospitals meet their Inpatient Quality Reporting Program requirements, we do have a few best practices or helpful tips to help you meet those requirements.

The first best practice, as we denoted on the previous slide, is to submit data early and not wait until the submission deadline. Hospitals can update and/or correct their submitted clinical data until the CMS submission deadline, which immediately after which the HQR secure portal will be locked. No updates can be made after the submission deadline and will not be reflected in the data CMS uses.

Also, as we denoted on the previous slide, is that it is highly recommended that hospitals designate at least two QualityNet security officials; one to serve as the primary QualityNet security official and the other to serve as a backup. On this same line, it is also recommended that you have more than one person who is able to do your chart-abstractions and submit that data to the HQR secure portal.

We went over this earlier but just want to reiterate that hospitals are required to submit the aggregate population and sample size counts, even if the population is zero. Leaving the fields blank does not fulfill the requirement. A zero must be submitted even when there are no discharges for a particular measure set.

And lastly, hospitals with five or fewer discharges, both Medicare and non-Medicare combined, in a measure set in a quarter are not required to submit patient-level data for that measure set for that quarter. So, for the quarter, if you look at your Provider Participation Report and your Population size and your Medicare Claims count is five or less for Sepsis, you are not required to submit patient level data for the SEP-1 measure. However, even though you are not required to submit the data, CMS still encourages the submission of that data. If you do choose to submit the data, then one through five cases of the Initial Patient Population may be submitted. For example, if your Sepsis population size is five, you would

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not be required to submit the Sepsis patient level data, but if you choose to submit it you could submit just one case, or two cases, or up to all five of the cases.

So, let us summarize what we have gone over so far. On a quarterly basis, hospitals are required to submit their HCAHPS Survey data, the chart-abstracted population and sampling counts, the clinical process of care measures, the COVID-19 Vaccination Coverage Among Health Care Personnel, and validation records if they have been selected for validation.

I will now go over the IQR Program annual requirements.

Our next polling question is: Which of the following Hospital IQR Program requirements are submitted annually?

- A. Data Accuracy and Completeness Acknowledgement (DACA)
- B. Two active QualityNet SOs
- C. eCQMs
- D. Structural Measures
- E. Hybrid Measures Core Clinical Data Elements
- F. A, C, and D

All of the above

The correct answer is F – annually, the hospitals are required to submit the DACA, structural measures, and eCQMs. The submission of the hybrid measures clinical data elements is voluntary for FY 2027.

Here are the annual requirements of the Hospital IQR Program for Fiscal Year 2027.

Hospitals are required to have registered a QualityNet security official. As I stated earlier, it is highly recommended that hospitals designate at least two security officials. It is also recommended that the security official log into their accounts at least once a month to maintain an active account. Any accounts that have been inactive for 120 days will be disabled.

The Data Accuracy and Completeness Acknowledgement /or DACA/ must be completed and signed on an annual basis. The DACA is submitted via the Hospital Quality Reporting Secure Portal. It electronically acknowledges that the data submitted for the Hospital IQR Program is

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accurate and complete to the best of the hospital's knowledge. The open period for signing and completing the DACA is April 1st through May 15th, with respect to the reporting period of January 1 through December 31st of the preceding year.

The Structural measures are also completed on an annual basis. These measures are also submitted via the HQR Secure Portal. As with the DACA, the open period for completing these measures is from April 1 through May 15, with respect to the reporting period of January 1 through December 31 of the preceding year. So, for Fiscal Year 2027 the submission period will be from April 1 through May 18, 2026, due to May 15, 2026, falling on a weekend, with respect to January 1 through December 31, 2025.

The Influenza Vaccination Coverage Among HCP measure is also submitted annually via NHSN.

Additionally, hospitals must submit the electronic clinical quality measures annually which Alex will cover later on in this presentation.

For FY 2027 there are six required structural measures: the maternal morbidity structural measure, the hospital commitment to health equity measure, the Screening for Social Drivers of Health and the Screen Positive Rate for Social Drivers of Health, the age friendly hospital, and the patient safety structural measures. For the structural measures, if you meant the intent of the measure, anytime between January 1st, 2025, and December 31, 2025, then you would be able to enter yes to the structural measure question.

The Maternal Morbidity Structural measure determines if a hospital participated in a State or national perinatal quality improvement collaborative and if they had implemented patient safety practices or bundles in conjunction with that collaborative during the applicable reporting period.

The Hospital Commitment to Health Equity attestation-based structural measure assesses hospital commitment to health equity using a suite of equity-focused organizational competencies.

The Screening for Social Drivers of Health measure assesses a hospital's rate of screening for five health-related social needs: food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety. The Screen Positive Rate for Social Drivers of Health measure assesses the rate of positive screens for the same five health-related social needs.

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Please note that in the FY 2026 IPPS/LTCH PPS proposed rule, CMS is proposing to remove the HCHE and SDOH measures from the Hospital IQR Program effective Calendar Year 2024/Fiscal Year 2026.

The Age Friendly Hospital measure assesses hospital commitment to improving care for patients 65 years or older receiving services in the hospital, operating room, or emergency room.

The Patient Safety measure assesses how well hospitals have implemented strategies and practices to strengthen their systems and culture for safety. It is comprised of a set of complementary statements (or, attestations) that aim to capture the most salient, systems-oriented actions to advance safety that exemplify a culture of safety and leadership commitment to transparency, accountability, patient and family engagement, and continuous learning and improvement.

To meet IQR requirements, hospitals will submit their responses or data once a year via a web-based tool that will be located within the Hospital Quality Reporting Secure Portal for the Maternal Morbidity, HCHE, SDOH, and Age Friendly measures and via NHSN for the Patient Safety structural measure. To reiterate, the submission period will follow our other annual submission requirements and will be from April 1st through May 15. For Fiscal Year 2027, the reporting period will be January 1 through December 31, 2025, and will occur from April 1 through May 18 2026, due to May 15, 2026, falling on a weekend.

For the Maternal Morbidity structural measure, if you do not have an OB unit and/or provide labor/delivery care, you will be required to go into the data form, within the HQR Secure Portal, and provide a response to the question. In this case, if you do not provide OB services, you would select the NA, not applicable.

The Maternal Morbidity structural measure is also used to determine the Birthing-Friendly designation that is publicly reported. To build on the White House Blueprint for Addressing the Maternal Health Crisis, CMS established a “Birthing-Friendly” designation — a publicly-reported, public-facing designation on the quality and safety of maternity care. This designation is currently determined by hospitals that actively report their progress on the Maternal Morbidity Structural measure through the Hospital IQR Program.

So, let us summarize. The annual IQR requirements are to have at least one active QualityNet security official, sign the DACA, submit the structural measures, and submit the required eCQMs and hybrid measures.

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The next few slides will go over the /voluntary/ measure that can be submitted for Fiscal Year 2027, the Hospital-Level, Risk Standardized Patient-Reported Outcome-Based (PRO)-Performance Measure (PM) Following Elective Primary THA/TKA

The total hip and total knee arthroplasty patient reported outcome performance measure reports the hospital-level risk-standardized improvement rate in patient reported outcomes following elective primary THA/TKA for Medicare Fee-For-Service beneficiaries aged 65 years and older.

The measure uses four sources of data to calculate the measure including patient reported outcome data; claims data; Medicare enrollment and beneficiary data; and U.S. Census Bureau survey data.

The patient reported outcome data would be collected 90 to zero days prior to surgery and 300 to 425 days post-surgery. The measure result is calculated by aggregating all patient-level results across the hospital.

This slide provides the pre-operative and post-operative collection and submission periods, for both the voluntary and mandatory reporting, which will occur in 2025.

Please note, the THA/TKA PRO-PM measure will be mandatory beginning with FY 2028. The pre-operative data collection begins in 2024 with the submission deadline occurring in CY 2025.

This slide just provides you with some resources that are available to you for assistance with the Inpatient Quality Reporting Program.

And this slide provides you with some tools, resources, references, and training materials that are available to assist you in meeting the Hospital Inpatient Quality Reporting Program requirements.

I would now like to turn the presentation over to Alexandra Arndt to cover the voluntary reporting of the hybrid measures.

Alex Arndt:

Thank you.

Let us begin with our next polling question.

Which of the following programs are hospitals able to voluntarily submit the hybrid measures clinical data elements and linking variable for?

A. the Medicare Promoting interoperability program, B. the Quality Payment Program, C. the hospital Readmission Reduction program, D. the

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Hospital IQR Program OR. E. both the Medicare Promoting Interoperability and IQR Programs?

Please take a moment and submit your answers.

The correct answer is D. The hybrid hospital wide readmission and hybrid hospital wide mortality measures are two separate measures available for hospitals participating in the IQR Program to voluntarily report data on for the FY 2027 payment determination. The submission of hybrid measure data is a measure specific to the Hospital IQR Program. It is not a requirement for hospitals participating in the Medicare Promoting Interoperability Program.

Hospitals can voluntarily submit these data for the FY 2027 payment determination. Critical access hospitals may continue to voluntarily report hybrid measure data, along with other measure data for the Hospital IQR Program; however, since they are not required to participate in the IQR Program, they are not required to submit hybrid measure data.

A hybrid measure is a quality measure that uses more than one source of data for measure calculation. Hybrid Measures contain claims-based specifications and electronic specifications. They are different than an eCQM as the measure logic to extract electronic clinical data will produce a file containing core clinical data elements. The collection of these elements alone, will not produce measure results, which again, is different than an eCQM. Instead, it will produce a file containing the data that CMS will then link with administrative claims data to risk adjust each of the hybrid outcome measures.

The hybrid measures differ from the claims-only measures, as they merge electronic health record core clinical data elements (CCDE) with claims data to calculate the risk-standardized readmission and mortality rates, respectively.

There is a colorful one-page resource document you may reference for the FY 2027 reporting of the hybrid Hospital wide readmission and hybrid hospital wide mortality measures that is available on QualityNet and the eCQI Resource center.

CMS intends to propose additional changes, such as lowering the reporting thresholds, in the upcoming FY 2026 IPPS/LTCH proposed rule, which is normally posted in the spring.

CMS has extended the voluntary reporting of CCDE's and linking variables for the performance period from July 1, 2024, to June 30, 2025. This affects the fiscal year 2027 payment determination for the hospital IQR program, including the hybrid HWR and hybrid HWM measures.

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CMS will continue to monitor hospital performance on these measures and is proposing to lower the reporting thresholds in the fiscal year 2026. IPPS, LTCH, PPS proposed rule.

This slide outlines some of the key components surrounding the voluntary reporting of the Hybrid Hospital wide readmission measure and the hybrid hospital wide mortality measure. Hospitals participating in the Hospital IQR Program can submit CCDE and linking variable data for one or both of the hybrid measures. This timeframe is referred to as the FY 2027 Reporting Period.

The measurement period does not fall within a calendar year and began on July 1, 2024, and will go through June 30, 2025. Non-submission of these data will not affect a hospital's annual payment update. CMS plans to distribute hospital-specific reports in the Spring of 2026 for hospitals to preview. Additionally, CMS will report results for all IQR hospitals using the claims data portion of the hybrid measures.

CMS will announce when the HQR System is open and available to accept test and production QRDA Category I files for the hybrid measures in preparation for the October 1, 2025, submission deadline.

The hybrid measure data follow the same certification and file format requirements as eCQMs. Core clinical data elements, referred to as CCDEs, are extracted from the EHR for the risk model for the hybrid measures and uploaded to the HQR Secure Portal via QRDA Category I files. As a reminder, CMS has specified that hospitals are required to use ONC Health IT certification criteria.

Included here, are the links to each of the hybrid measure's specifications and additional reporting resources that are available on the eCQI Resource Center.

This slide highlights the submission guidance for each hybrid measure. Hospitals may voluntarily submit QRDA Category I files containing all core clinical data elements and all linking variables for CMS to match the data that is pulled from the electronic health record to the CMS claims data.

For details on each of the hybrid measure's core clinical data elements, please refer to the measure specifications located on the eCQI Resource Center.

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For voluntary reporting, CMS guides hospitals to submit the following for all Medicare Fee-for-service and Medicare Advantage claims as specified for each measure. Please note, that beginning with the Fiscal Year 2027 payment determination, CMS expanded the cohort to include both Medicare fee-for-service AND Medicare Advantage patients.

The HQR system is not currently available to receive QRDA I file for the hybrid measures at this time. CMS will announce when the system is open for hospitals and vendors to upload their data.

Hospitals are required to report their data according to the CMS annual update for the specified reporting period. For the Fiscal Year 2027 payment determination, hospitals should refer to the 2024 technical specifications and implementation guidance by visiting the eCQI Resource center and selecting the 2024 reporting period for hybrid measures. As previously mentioned, hospitals must report their data using certified E H R technology that has been updated to meet ONC Health IT certification criteria. To learn more, please review the ONC's 21st Century Cures Act Final Rule by clicking on the link provided to you on the slide.

A list of Resources for reporting hybrid measure data is available for you to reference on this slide. You may visit QualityNet to review the hybrid measure pages and signup to receive Listserve notifications. Also, please visit the Quality Reporting Center to locate resources and tools for the Hospital IQR Program.

As many of you are familiar with, reporting eCQM data is a requirement for the Hospital IQR Program. It is also one of many requirements for the Medicare Promoting Interoperability Program. Hospitals, with a single submission, can meet the eCQM reporting requirement for both programs. Let us discuss the changes and review the requirements specific to eCQM reporting for the FY 2027 reporting period.

Now, it is time for a polling question-----Which of the following eCQMs are mandatory to report four quarters of data for to successfully meet the FY 2027 reporting requirement for the IQR and Medicare Promoting Interoperability Programs?

Exclusive Breast Milk Feeding

Safe Use of Opioids-concurrent prescribing

Cesarean Birth (PC-02)

Severe Obstetric Complications (PC-07) or

All of them except Exclusive Breast Milk-Feeding? (B, C and D)

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Please take a moment and submit your responses.

The correct answer is E. The three mandatory eCQMs required for reporting include the Safe Use of Opioids-Concurrent Prescribing, Cesarean Birth and Severe Obstetric Complications eCQMs.

This slide summarizes the FY 2027 eCQM reporting requirements applicable to the Hospital IQR and Medicare Promoting Interoperability Programs.

Please note that meeting the Hospital IQR Program eCQM requirement also satisfies the eCQM reporting requirement for the Medicare Promoting Interoperability Program for eligible hospitals and CAHs.

The reporting period includes discharge data from January 1, 2025, through December 31, 2025. The submission deadline is March 2, 2026, at 11:59 pm Pacific Time. The submission deadline has been extended to March 2, 2026, due to the normal submission deadline falling on a weekend.

The requirement to submit four quarters of data certified to the 2015 Edition Cures Update has not changed; however, CMS has maintained the number of required eCQMs at six. There are three mandatory, or CMS-selected eCQMs that was just mentioned plus three self-selected measures for a total of six eCQMs per quarter. It is important to mention that each quarter must contain the same six measures.

This table lists the 15 eCQM's available in the Fiscal Year 2027 eCQM measure set, which include two new measures.

The hospital harm acute kidney injury and hospital harm pressure injury eCQM's were added.

For FY 2027 reporting, hospitals participating in the Hospital IQR and Medicare Promoting Interoperability Programs must report their data using certified E H R technology that has been updated to meet the 2015 Edition Cures Update criteria and ensure their EHR is certified to all available eCQMs. Measure data submitted requires using the 2025 eCQM specifications, including the 2025 CMS QRDA I Implementation Guide, Schematron and sample files that are posted on the eCQI Resource Center.

The definition of successful submission for eCQMs has not changed and is defined as a combination of accepted QRDA Category Files, zero denominator declarations and case threshold exemptions. If your hospital selects to submit a zero denominator or case threshold for a particular measure, it is important to note that their EHR must still be certified to report the measure.

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And as hospitals are transitioning their EHR systems and/or vendors, CMS is continuing to allow hospitals to use abstraction or pull data from non-certified sources into certified EHR technology to capture and report their QRDA Category I files for a full calendar year.

As a reminder, the submission of eCQMs does not complete program requirements. Although eCQM reporting is an aligned requirement for hospitals participating in the Hospital IQR Program and the Medicare Promoting Interoperability Program, there are other requirements for each individual program that must be met. Hospitals participating in the Hospital IQR Program that do not meet the CY 2025 requirements of the Hospital IQR Program, including the eCQM reporting requirement are at risk of having their annual payment reduced by one-fourth of the applicable market basket update for the Fiscal Year 2027 payment determination.

Pertaining to the Medicare Promoting Interoperability Program, the submission of CY 2024 eCQM data will affect the Fiscal Year 2026 payment determination for eligible hospitals and the Fiscal Year 2024 payment determination for critical access hospitals.

I would like to remind hospitals that do not deliver babies, that the definition of successful submission just mentioned still applies. Hospitals must submit a zero-denominator declaration for each of the four quarters for ePC-02 and ePC-07.

A list of program resources for Ecqm reporting for the hospital IQR Program and Medicare promoting interoperability program are available to you as you prepare for fiscal year 2027 reporting.

For questions pertaining to eCQM and/or hybrid measure reporting, please review the support resources provided to you on this slide.

Thank you.

Donna Bullock: Thank you, Alex. That concludes today's on-demand event.

Thank you for joining us and have a great rest of your day!